

**INTRACTABLE PAIN SYNDROME (IPS) 2021 UPDATE**

*Part five of five*

**PART FIVE: OPIOID SURROGATES AND POTENTIATORS**

To cope with the new restrictions on opioids and benzodiazepines, all IPS patients will have to quickly adjust. Here are some ideas to discuss with your family and medical practitioners.

AVAILABLE PRESCRIPTION OPIOIDS

Most local physicians are able to prescribe these two weak opioids:

1. Tramadol
2. Codeine-Tylenol®-combinations.

While “Better Than Nothing” you may have to build a pain control program with one, or both, of these two agents. You can do this with what is called potentiators and surrogates.

MAY BE AVAILABLE FROM LOCAL PRACTITIONERS

If you have a set of hand-carry records which document the causes and complications of your IPS, some medical practitioners will prescribe, local pharmacies will fill, and insurance companies will financially cover the following opioids:

1. Hydrocodone-acetaminophen (Vicodin®, Norco®)  
3-4 a day
2. Oxycodone-acetaminophen (Percocet®)  
3-4 a day
3. Plain oxycodone  
2 to 3 a day

OPIOID SURROGATES

These drugs have some opioid effect known in pharmacology as “opioid activity.” They can be taken separately between opioid dosages, or they can be taken at the same time, to make your opioid “stronger” and last “longer.”

NON-PRESCRIPTION

- Kratom
- CBD/Marihuana
- Palmitoylethanolamide (PEA)
- Taurine

PRESCRIPTION

- Amphetamine Salts-(Adderal®)
- Methylphenidate (Ritalin®)
- Diazepam
- Ketamine
- Tizanidine
- Clonidine
- Carisoprodol
- Oxytocin

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